

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1					
8		1				
9		1				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
16	1					
17		1				
18		1				
19		4				
20		3				
21	1					
22		1				
23		2				
24		1				
25		1				
26		1				
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48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	30					
TOTAL CLAIMS	42					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						